

APPLICATION INSTRUCTIONS

Funeral Assistant Applicants must submit all required information, as indicated in these instructions, directly to the Board Office.

The Board Office must receive the following to process your application:

- a.** A completed *Funeral Assistant Application* including a 2x2 passport type photo and any supporting documentation.
- b.** A copy of OSHA Certificate showing class was completed within 30 days prior to applying.
- c.** Complete *Registration Form as a Registered Funeral Assistant*.
- d.** Complete *Certification for Funeral Assistant Form*.
- e.** Complete notarized *CORI Acknowledgement Form*.
- f.** Total payment of \$31. Payments may be made with a check or money order. Please make checks or money orders payable to The Commonwealth of Massachusetts. **Fees are non-refundable and non-transferable.**

Candidates sending incomplete applications will be notified of any deficiencies by the Board Office. Please retain copies of all paperwork submitted.

REQUEST FOR INFORMATION

Applicants may contact the Board Office to obtain information, ask questions about application processing, or receive status updates by telephone or email.

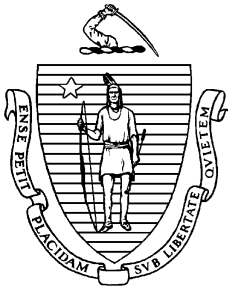
Telephone: **(617) 727-3677**

E-mail: shara.m.benedetti@state.ma.us

Board staff is available Monday through Friday, 8:45 a.m. to 5:00 p.m.

MAIL COMPLETED APPLICATION MATERIALS TO:

**The Division of Professional Licensure
Board of Registration of Funeral Directors and Embalmers
1000 Washington Street, Suite 710
Boston, MA 02118**



Commonwealth of Massachusetts
Division of Professional Licensure
Board of Registration of Funeral Directors and Embalmers
1000 Washington Street, 7th Floor
Boston MA 02118
(617) 727- 3677
www.mass.gov/dpl/boards/em

Funeral Assistant Application

- A. Biographical Information.**
Provide your full name date of birth, social security number, 2x2 photo, and mailing address. It is very important that this section be completed in full.

First Name	Middle Initial	Last Name	Other (Maiden)
Date of Birth	Place of Birth	Social Security Number (Mandatory)	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you previously filed an application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<div>Please attach a recent 2" x 2" photograph here</div>			

Print your name as it should appear on your license

Permanent Mailing Address and Contact Information

Street or PO Box		
City	State	Zip Code
Telephone Number with Area Code	Fax Number	Email address

Business Name, Mailing Address and Contact Information (MANDATORY)

Business Name		
Street or PO Box		
City	State	Zip Code
Telephone Number with Area Code	Fax Number	Email address

B. License Verification.
Answer this section completely.

List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

C. Registered as a Registered Funeral Home Assistant
(This section must be Complete).

239 CMR 3.06 states in part:

Have completed Board approved training in the following areas:

- (a) General Public Health;
- (b) Ergonomics; and
- (c) Funeral Service law and ethics.

I certify that _____ will be employed
Name of Applicant

As a Registered Funeral Home Assistant at

Name of Funeral Home / Corporation

I hereby certify that he/she has completed the required training (listed above):

Signature of Owner/CEO of Funeral Home

Name of Funeral Home

Date of Application _____

C. Disciplinary Questions.
Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? If yes, please provide a detailed explanation on a separate sheet of paper. | <input type="checkbox"/> | <input type="checkbox"/> |

"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration in Embalming & Funeral Directing to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to GL c. 62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law.

Signature of Applicant

Date

Certification for Funeral Assistant

I, _____ (print name of Type 3 Supervisor), hereby certify that I am the supervisor for _____ (print name of Funeral Home Assistant), who will act under my supervision as a Registered Funeral Home Assistant as a duly Licensed Funeral Establishment. I further certify that I will ensure that this Funeral Home Assistant has sufficient training in general public health, ergonomics, funeral service law and ethics necessary to ensure safe and competent practice in the funeral service industry. I will require or will obtain proof of this training; as well as proof that this individual has completed OSHA training related to biohazards/blood borne pathogens prior to allowing him/her to undertake any activities as a Registered Funeral Home Assistant and will have records of this training available to present to the Board upon request. I further agree that my employment of a Registered Funeral Home Assistant is contingent on meeting any present or future Board requirements, including ensuring the Registered Funeral Home Assistant complete OSHA training for each year employed.

Name of Supervising Type 3 Funeral Director (print): _____

Signature of Supervising Type 3 Funeral Director: _____

Name of Establishment: _____

Name of Funeral Home Assistant (print): _____

Signature of Funeral Home Assistant: _____

Date: _____

**EMBALMING AND FUNERAL DIRECTING
CRIMINAL OFFENDER RECORD INFORMATION (CORI)
ACKNOWLEDGEMENT FORM**

The Division of Professional Licensure by itself and on behalf of boards of registration pursuant to M.G.L. c. 13, §9 [hereinafter, "Division of Professional Licensure"] is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective license applicants and current licensees.

As a license applicant or current licensee, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services ("DCJIS"). I hereby acknowledge and provide permission to the Division of Professional Licensure to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing the Division of Professional Licensure written notice of my intent to withdraw consent to a CORI check.

FOR LICENSING PURPOSES ONLY:

The Division of Professional Licensure may conduct subsequent CORI checks within one year of the date this Form was signed by me. If subsequent CORI checks are necessary, the Division of Professional Licensure will provide me with written notice of the subsequent CORI checks.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature

Date

Please provide the name of the board of registration and license type for which you are applying or currently hold:

Board of Registration

License Type

NOTE: THIS TWO-PAGE CORI ACKNOWLEDGMENT FORM WILL NOT BE ACCEPTED UNLESS IT HAS BEEN SIGNED IN THE PRESENCE OF A NOTARY PUBLIC WHO HAS COMPLETED THE "VERIFICATION BY NOTARY SECTION" ON PAGE TWO, DOCUMENTING THAT SAID NOTARY HAS VERIFIED THE IDENTITY OF THE SIGNER THROUGH SATISFACTORY EVIDENCE OF IDENTIFICATION.

SUBJECT INFORMATION: (A red asterisk (*) denotes a required field)

*Last Name	*First Name	Middle Name	Suffix
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*Maiden Name (or other name(s) by which you have been known)

*Date of Birth	Place of Birth
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*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____

Driver's License or ID Number: _____ State of Issue: _____

Current and Former Addresses:

Street Number & Name	City/Town	State	Zip
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Street Number & Name	City/Town	State	Zip
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IDENTITY VERIFICATION SECTION: Prior to submission to the Board, this Section must be completed.

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ (name of document signer), and proved to me through satisfactory evidence of identification, which was the following:¹

☐ Passport ☐ State-issued driver's license ☐ Military identification ☐ State-issued identification card

to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On